

Ancillary Legal Corporation
74 Goldrush Circle Ne
Atlanta, GA 30328
Phone: (404) 459-8006
Fax: (404) 459-0916

INVOICE

Invoice #ANC-2014000394
2/20/2014

Liesa Nelson
Adams and Reese
424 Church Street
Suite 2800
Nashville, TN 37219

Reference Number: Ball

Case Number: Eastern 1:11-CV-00333

Plaintiff:
Karen Guthrie, et al

Defendant:
Gregory Ball, M.D.

Received: 2/17/2014 Served: 2/17/2014 2:39 pm ALC - CORPORATE- REG AGT CORP
To be served on: Walgreens Pharmacy c/o Corporation Service Company

ITEMIZED LISTING

Line Item	Quantity	Price	Amount
Service Fee (Local)	1.00	65.00	65.00
TOTAL CHARGED:			\$65.00
BALANCE DUE:			\$65.00

Please enclose a copy of this invoice with your payment.

INVOICE

JJK SECURITY & INVESTIGATIONS, INC.
85 WEST STREET
RINGGOLD, GEORGIA 30736

Dalton: 706-226-5461 Ringgold: 706-937-8889
Fax 706-965-4137 Email: jjksec@aol.com

DATE	INVOICE #
5/21/2014	20992

SERVICE LOCATION
2234 Bowers Rd. N.E. Dalton, GA. 30721

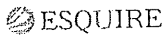
BILL TO
Adams & Reese LLP 424 Church St. Suite 2700 Nashville, TN. 37219

P.O. NO.	TERMS	DUE DATE
	Due on receipt	5/20/2014

HOURS	DESCRIPTION	RATE	AMOUNT
	Process Service- 2234 Bowers Rd. N.E. Dalton, GA. 30721 (Dustin Edwards)	65.00	65.00

Payment with Credit Card Circle One: Visa Mastercard Name on Card: _____	Total	\$65.00
Billing Address: _____	Payments/Credits	\$0.00
Expiration Date: ____/____ Card	Balance Due	\$65.00

Customer agrees to pay all fees including but not limited to legal, billing interest and collection fees incurred by company in collection of payment.



Dallas
2700 Centennial Tower
101 Marietta Street
Atlanta, GA 30303



ESQUIRE

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Esquire Deposition Solutions, LLC
P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ36229

Invoice Date	12/20/2013
Terms	NET 30
Payment Due	01/19/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	N/A

LEE MADDUX, ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

019542-46

Assignment	Case	Assignment #	Shipped	Shipped Via
11/22/2013	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	40927	12/17/2013	FED EX
Description	Amount			
Services Provided on 11/22/2013, JAMES METCALFE (CHATTANOOGA, TN)	\$ 363.00			
MEDICAL TECHNICAL COPY OF TRANSCRIPT PACKAGE	\$ 105.00			
SUMMARY	\$ 35.00			
LITIGATION SUPPORT PACKAGE	\$ 503.00			
	\$ 25.14			
SHIPPING	\$ 25.14			
SHIPPED TO: MADDUX, LEE ESQ. SUITE 201, 820 BROAD STREET CHATTANOOGA, TN 37402				Tax: \$ 0.00
				Paid: \$ 0.00
Amount Due On/Before 02/03/2014				\$ 528.14
Amount Due After 02/03/2014				\$ 580.95

Tax Number: 45-3463120

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Invoice #: ESQ36229
Payment Due: 01/19/2014



Amount Due On/Before 02/03/2014 \$ 528.14

Amount Due After 02/03/2014 \$ 580.95

LEE MADDUX, ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

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Dallas, TX 75284-6099
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196 0000036229 12202013 9 000052814 3 01192014 02032014 4 000058095 17

019012-46

Fouraker Reporting Service, Inc.
520 Graham Street
Chattanooga, Tennessee 37405
(423) 265-8385 Phone (423) 265-2469 Fax
Fouraker@comcast.net
Tax ID: 62-1874842

January 13, 2014

TRICIA T. OLSON, ESQUIRE
ADAMS & REESE
424 CHURCH STREET
SUITE 2800
NASHVILLE, TN 37219

Invoice Number 3284

Re: Karen Guthrie vs. Gregory Ball, M.D.
Deposition of Karen Guthrie (1/08/14)

Description of Services	Pgs/Qty	Rate	Extension
O&1 (Video Depo)	190.00	4.25	807.50
Depo Appearance	1.00	75.00	75.00
Invoice total:			\$882.50

Payment due upon receipt. Thank you for your business.

019542-46



7919 Short Tail Springs Rd.
Ooltewah, TN 37363
Phone: 423-238-9260
avcreators.com

Invoice

Date	Invoice #
2/10/2014	1242

Bill To

Adams and Reese LLP
820 Broad Street, Ste. 201
Chattanooga, TN 37402

Ship To

P.O. No.

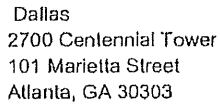
Terms

Project

Quantity	Description	Rate	Amount
5.5	Hours videotaping deposition of Karen Guthrie Chattanooga, TN - January 8th, 2014 Karen Guthrie, individually & on the behalf of the estate of Donald Guthrie v. Gregory Ball, M.D. case # 1:11-CV-00333 In: 11:15 a.m. Out: 4:45 p.m. 2 DVD video disks delivered 2/10/14 W-9 Form attached	100.00	550.00

Guthrie v Ball
019542-46

Total
\$550.00
Payments/Credits
\$0.00
Balance Due
\$550.00



ESQUIRE SOLUTIONS

Esquire Deposition Solutions, LLC
P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

Invoice Date	01/29/2014
Terms	NET 30
Payment Due	02/28/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	

F. LAURENS BROCK ,ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

Assignment	Case	Assignment #	Shipped	Shipped Via
01/09/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	57026	01/14/2014	FED EX

Description	Amount
Services Provided on 01/09/2014, GREGORY BALL (CHATTANOOGA, TN)	
MEDICAL TECHNICAL COPY OF TRANSCRIPT PACKAGE	\$ 933.28
EXHIBITS	\$ 236.50
VIDEO	\$ 300.00
DIGITAL TRANSCRIPT/EXHIBITS	\$ 30.00
	<hr/>
	\$ 1,499.78
SHIPPING	\$ 33.84
	<hr/>
	\$ 33.84
Tax:	\$ 0.00
Paid:	\$ 0.00
Amount Due On/Before 03/15/2014	\$ 1,533.62
Amount Due After 03/15/2014	\$ 1,686.98

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ESQUIRE



Invoice #: ESQ52489
Payment Due: 02/28/2014

Amount Due On/Before 03/15/2014 **\$ 1,533.62**

Amount Due After 03/15/2014	\$ 1,686.98
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F. LAURENS BROCK, ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

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196 0000052489 01292014 8 000153362 7 02282014 03152014 4 000168698 93



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101 Marietta Street
Atlanta, GA 30303



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P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ104943

Invoice Date	04/30/2014
Terms	NET 30
Payment Due	05/30/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	

DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

Assignment	Case	Assignment #	Shipped	Shipped Via
04/15/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	122916	04/30/2014	FED EX

Description	Amount
Services Provided on 04/15/2014, JAMES METCALFE (CHATTANOOGA, TN)	
MEDICAL TECHNICAL COPY OF TRANSCRIPT PACKAGE	\$ 357.00
EXHIBITS	\$ 2.50
VIDEO	\$ 300.00
DIGITAL TRANSCRIPT/EXHIBITS	\$ 30.00
SUMMARY	\$ 105.00
	\$ 794.50
SHIPPING	\$ 24.04
	\$ 24.04
Tax:	\$ 0.00
Paid:	\$ 0.00
Amount Due On/Before 06/14/2014	\$ 818.54
Amount Due After 06/14/2014	\$ 900.39

Tax Number: 45-3463120

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Invoice #: ESQ104943
Payment Due: 05/30/2014

Amount Due On/Before 06/14/2014 \$ 818.54

Amount Due After 06/14/2014 \$ 900.39

DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - CHATTANOOGA
SUITE 201, 820 BROAD STREET
CHATTANOOGA, TN 37402

Remit to:

Esquire Deposition Solutions, LLC
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Dallas, TX 75284-6099
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196 0000104943 04302014 9 000081854 7 05302014 06142014 8 000090039 63

019512-46



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Donna Boyce
Adams & Reese LLP
6075 Poplar Avenue
Suite 700
Memphis, TN 38119

Invoice Date	Invoice #
Monday, June 30, 2014	95945swlh

Remit to:

236 Adams Avenue
Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
(800) 556-8974

www.alphareporting.com

Tax Number 62-1162456 Terms: Payable upon receipt
1.5% per month

Witness: Owens, M.D., Thomas
Case: Guthrie, Karen, et al vs. Gregory Ball, M.D.
Venue: US District Court for the Eastern District of TN
Case #: 1:11-CV-00333
Date: 5/14/2014
Start Time: 1:00 PM
End Time: 6:52 PM
Claim #:
File #: 19438cc.

Description	Quan	Total
Attendance - Deposition	1	\$85.00
Attendance - Overtime	2	\$110.00
Original & 1 Transcript / Word Index Video	301	\$1,354.50
Condensed	301	\$75.25
CD - 1 File (E-Tran, ASCII & Exhibits)	1	\$25.00
Exhibits Scanned & Linked	191	\$47.75
Binding/Handling	1	\$15.00
Complimentary Repository	1	\$0.00
Sub Total		\$1,712.50
Payments		\$0.00
Balance Due		\$1,712.50

Method of Payment:

☐ Check Enclosed ☐ Charge my credit card:
Please make check payable to: ☐ VISA ☐ MasterCard

Alpha Reporting Corporation

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Donna Boyce
Adams & Reese LLP
6075 Poplar Avenue
Suite 700
Memphis, TN 38119

Invoice Date	Invoice #
Tuesday, June 10, 2014	95389swlh

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236 Adams Avenue
Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
(800) 556-8974

www.alphareporting.com

Tax Number 62-1162456 Terms: Payable upon receipt
1.5% per month

Witness: Owens, M.D., Thomas

Case: Guthrie, Karen, et al vs. Gregory Ball, M.D.

Venue: US District Court for the Eastern District of TN

Case #: 1:11-CV-00333

Date: 5/14/2014

Start Time: 1:00 PM

End Time: 6:52 PM

Reporter: orks, Alpha Productions

Claim #:

File #:

19438cc

Description	Quan	Total
Video Appearance	1	\$360.00
Video Additional Hour/Hours	3	\$255.00
Mini DV	3	\$60.00
Video Sync On CD	5	\$375.00
Shipping/Handling	1	\$10.00
Sub Total		\$1,060.00
Payments		\$0.00
Balance Due		\$1,060.00

Method of Payment:

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Payment Due Upon Receipt of Invoice

Fouraker Reporting Service, Inc.
520 Graham Street
Chattanooga, Tennessee 37405
(423) 265-8385 Phone (423) 265-2469 Fax
Fouraker@comcast.net
Tax ID: 62-1874842

019542-46

June 17, 2014

TRICIA T. OLSON, ESQUIRE
ADAMS & REESE
424 CHURCH STREET
SUITE 2800
NASHVILLE, TN 37219

Invoice Number
3380

Re: Guthrie vs. Ball
Deposition of Dustin Edwards (May 29, 2014)

Description of Services	Pgs/Qty	Rate	Extension
O&1	102.00	3.85	392.70
Depo Appearance	1.00	75.00	75.00
Postage	5.32	1.00	5.32
Invoice total:			\$473.02

Payment due upon receipt. Thank you for your business.



7919 Short Tail Springs Rd.
Ooltewah, TN 37363
Phone: 423-238-9260
avdigital.tv

Invoice

Date	Invoice #
10/2/2014	1314

Bill To
Adams and Reese LLP ATTN: Leisa J. Nelson, Paralegal 424 Church Street, Suite 2800 Nashville, Tennessee 37219

Ship To

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
3	Hours vidcotaping deposition of Dustin Edwards Chattanooga, TN - May 29, 2014 Karen Guthrie et al v. Gregory Ball M.D. case # 12C1050 IN: 12:15 OUT: 3:15 1 DVD disk sent 10/2/14 W-9 sent previously	100.00	300.00

Total	\$300.00
Payments/Credits	\$0.00
Balance Due	\$300.00



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F. Laurens Brock
Adams & Reese
820 Broad Street
Suite 201
Chattanooga, TN 37402

Invoice Date	Invoice #
Tuesday, June 24, 2014	95810swlh

Remit to:

236 Adams Avenue
Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
(800) 556-8974

www.alphareporting.com

Tax Number 62-1162456 Terms: Payable upon receipt
1.5% per month

Witness: Grubb, M.D., Christopher

Case: Guthrie, Karen, et al vs. Gregory Ball, M.D. (019542-000046)

Venue: US District Court for the Eastern District of TN

Case #: 1:11-CV-00333

Date: 6/9/2014

Start Time: 12:00 PM

End Time: 5:50 PM

Claim #:

File #: 19437cc

Description	Quan	Total
Attendance - Deposition	1	\$85.00
Attendance - Overtime	1	\$55.00
Original & 1 (Read & Sign) Video / Word Index	281	\$1,292.60
Condensed	281	\$70.25
Exhibits Scanned & Linked	57	\$14.25
Binding/Handling	1	\$15.00
Complimentary Repository	1	\$0.00
Sub Total		\$1,532.10
Payments		\$0.00
Balance Due		\$1,532.10

Method of Payment:

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☐ VISA ☐ MasterCard

Signature (as it appears on your credit card)

Print Name (as it appears on your credit card)

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Credit Card #

Exp. Date

Daytime Telephone

Payment Due Upon Receipt of Invoice



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F. Laurens Brock
 Adams & Reese
 820 Broad Street
 Suite 201
 Chattanooga, TN 37402

Invoice Date	Invoice #
Monday, July 07, 2014	96099swlh

Remit to:

236 Adams Avenue
 Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
 (800) 556-8974

www.alphareporting.com

Tax Number 62-1162456 Terms: Payable upon receipt
 1.5% per month

Witness:	Grubb, M.D., Christopher	
Case:	Guthrie, Karen, et al vs. Gregory Ball, M.D.	
Venue:	US District Court for the Eastern District of TN	
Case #:	1:11-CV-00333	
Date:	6/9/2014	
Start Time:	12:00 PM	
End Time:	5:50 PM	
Claim #:		
File #:	19437cc	

Description	Quan	Total
Video Appearance (3 Hour Minimum)	1	\$350.00
Video Additional Hour/Hours	3	\$255.00
Mini DV Tape	5	\$100.00
Video Sync Original (Includes Encoding)	5	\$375.00
Shipping/Handling	1	\$10.00
Sub Total		\$1,090.00
Payments		\$0.00
Balance Due		\$1,090.00

Method of Payment:

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Alpha Reporting Corporation

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Credit Card #

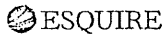
Exp. Date

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2700 Centennial Tower
101 Marietta Street
Atlanta, GA 30303



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P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ140682

Invoice Date	07/07/2014
Terms	NET 30
Payment Due	08/06/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	

DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

Assignment	Case	Assignment #	Shipped	Shipped Via
06/18/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	156819	07/02/2014	FED EX

Description

Copy Deposition for GLEN FARR, 06/18/2014 (KNOXVILLE, TN)
EXHIBITS
SUMMARY

Tax: \$ 0.00
Paid: \$ 0.00

Amount Due On/Before 08/21/2014 \$ 941.69

Amount Due After 08/21/2014 \$ 1,035.86

Tax Number: 45-3463120

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Invoice #: ESQ140682

Payment Due: 08/06/2014

Amount Due On/Before 08/21/2014 \$ 941.69

Amount Due After 08/21/2014 \$ 1,035.86

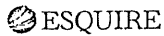
DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

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196 0000140682 07072014 3 000094169 4 08062014 08212014 9 000103586 33



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101 Marietta Street
Atlanta, GA 30303



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P. O. Box 846099
Dallas, TX 75284-6099
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Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ138823

Invoice Date	07/01/2014
Terms	NET 30
Payment Due	07/31/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	N/A

DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

Assignment	Case	Assignment #	Shipped	Shipped Via
06/19/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	156825	07/01/2014	FED EX

Description
Copy Deposition for THOMAS DEERING, 06/19/2014 (NASHVILLE, TN) EXHIBITS VIDEO SUMMARY
<p>SHIPPED TO: BOYCE, DONNA ESQ. FIFTH THIRD CENTER, SUITE 2700 424 CHURCH STREET NASHVILLE, TN 37219</p> <p>Tax: \$ 0.00 Paid: \$ 0.00</p> <p>Amount Due On/Before 08/15/2014 \$ 1,087.63 Amount Due After 08/15/2014 \$ 1,196.39</p>

Tax Number: 45-3463120

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Invoice #: ESQ138823
Payment Due: 07/31/2014

Amount Due On/Before 08/15/2014 \$ 1,087.63

Amount Due After 08/15/2014 \$ 1,196.39

DONNA BOYCE ,ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

Remit to:

Esquire Deposition Solutions, LLC
P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

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196 0000138823 07012014 0 000108763 5 07312014 08152014 1 000119639 84



Dallas
2700 Centennial Tower
101 Marietta Street
Atlanta, GA 30303



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Esquire Deposition Solutions, LLC
P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ143873

Invoice Date	07/14/2014
Terms	NET 30
Payment Due	08/13/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	

LARRY BROCK, ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

Assignment	Case	Assignment #	Shipped	Shipped Via
06/20/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	156844	07/07/2014	FED EX

Description
Copy Deposition for BENJAMIN JOHNSON, 06/20/2014 (NASHVILLE, TN) EXHIBITS VIDEO SUMMARY
PLEASE NOTE: THE ABOVE AMOUNT REFLECTS \$375.00 FOR VIDEO SERVICES.
Tax: \$ 0.00
Paid: \$ 0.00
Amount Due On/Before 08/28/2014 \$ 1,297.20
Amount Due After 08/28/2014 \$ 1,426.92

Tax Number: 45-3463120

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ESQUIRE
SOLUTIONS



Invoice #: ESQ143873
Payment Due: 08/13/2014

Amount Due On/Before 08/28/2014 \$ 1,297.20
Amount Due After 08/28/2014 \$ 1,426.92

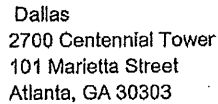
LARRY BROCK, ESQ.
ADAMS & REESE, LLP - NASHVILLE
FIFTH THIRD CENTER, SUITE 2700
424 CHURCH STREET
NASHVILLE, TN 37219

Remit to:

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P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

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196 0000143873 07142014 5 000129720 7 08132014 08282014 8 000142692 45



ESQUIRE SOLUTIONS

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Dallas, TX 75284-6099
www.esquiresolutions.com

Invoice # ESQ170613

Invoice Date	09/02/2014
Terms	NET 30
Payment Due	10/02/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	

DONNA BOYCE ,ESQ
ADAMS AND REESE, LLP - MEMPHIS
SUITE 700
6075 POPLAR STREET
MEMPHIS, TN 38119

Assignment	Case	Assignment #	Shipped	Shipped Via
08/18/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	190548	08/25/2014	OTHER

Description		
Copy Deposition for THOMAS HART, 08/18/2014 (LITTLE ROCK, AR)		
EXHIBITS		
	Tax:	\$ 0.00
	Paid:	\$ 0.00
Amount Due On/Before 10/17/2014		\$ 923.00
Amount Due After 10/17/2014		\$ 1,015.30

Please detach and return this bottom portion with your payment
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ESQUIRE



Invoice #: ESQ170613
Payment Due: 10/02/2014

Amount Due On/Before 10/17/2014 \$ 923.00

Amount Due After 10/17/2014	\$ 1,015.30
-----------------------------	-------------

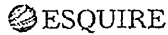
DONNA BOYCE ,ESQ
ADAMS AND REESE, LLP - MEMPHIS
SUITE 700
6075 POPLAR STREET
MEMPHIS, TN 38119

Remit to:
Esquire Deposition Solutions, LLC
P. O. Box 846099
Dallas, TX 75284-6099
www.esquiresolutions.com

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196 0000170613 09022014 9 000092300 1 10022014 10172014 2 000101530 12

019312-46



Dallas
2700 Centennial Tower
101 Marietta Street
Atlanta, GA 30303



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www.esquiresolutions.com

Tax Number: 45-3463120
Toll Free (800) 211-DEPO
Fax (856) 437-5009

Invoice # ESQ174713

Invoice Date	09/09/2014
Terms	NET 30
Payment Due	10/09/2014
Date of Loss	
Name of Insured	
Adjustor	
Claim Number	N/A

DONNA BOYCE ,ESQ
ADAMS AND REESE, LLP - MEMPHIS
SUITE 700
6075 POPLAR STREET
MEMPHIS, TN 38119

Assignment	Case	Assignment #	Shipped	Shipped Via
08/19/2014	GUTHRIE, KAREN vs. BALL, M.D., GREGORY	190563	09/08/2014	FED EX

Description

Copy Deposition for CHRISTINE KASSER, 08/19/2014 (MEMPHIS, TN)

EXHIBITS

SUMMARY

SHIPPED TO: BOYCE, DONNA L. ESQ
SUITE 700
6075 POPLAR STREET
MEMPHIS, TN 38119

Tax: \$ 0.00

Paid: \$ 0.00

Amount Due On/Before 10/24/2014 \$ 856.13

Amount Due After 10/24/2014 \$ 941.74

Tax Number: 45-3463120

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Payment Due: 10/09/2014

Amount Due On/Before 10/24/2014 \$ 856.13

Amount Due After 10/24/2014 \$ 941.74

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SUITE 700
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196 0000174713 09092014 9 000085613 8 10092014 10242014 1 000094174 18



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Donna Boyce
Adams & Reese LLP
6075 Poplar Avenue
Suite 700
Memphis, TN 38119

Invoice Date
Wednesday, October 22, 2014

Invoice #
99309swlh

Remit to:

236 Adams Avenue
Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
(800) 556-8974

www.alphareporting.com

Tax Number	Terms: Payable upon receipt
62-1162456	1.5% per month

Witness: Johnson, Dr. Benjamin			
Case: Guthrie, Karen, et al vs. Gregory Ball, M.D.			
Venue: US District Court for the Eastern District of TN			
Case #: 1:11-CV-00333			
Date: 10/17/2014			
Start Time: 8:30 AM			
End Time: 11:58 AM			
Claim #:			
File #:			31206LN

Description	Each	Quan	Total
Video (2 Hour Minimum/ plus setup/breakdown)	\$295.00	1	\$295.00
Video Additional Hour/Hours	\$95.00	1	\$95.00
Mini DV Tape	\$10.00	2	\$20.00
Encode Video DVD to MPEG4	\$35.00	2	\$70.00
Video & Trans Sync. MPEG 4	\$40.00	3	\$120.00
Shipping/Handling	\$10.00	1	\$10.00
Sub Total			\$610.00
Payments			\$0.00
Balance Due			\$610.00

Method of Payment:

☐ Check Enclosed ☐ Charge my credit card:
Please make check payable to: ☐ VISA ☐ MasterCard

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AO44
(Rev. 11/07)

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TENNESSEE

INVOICE NO: 20140070

MAKE CHECKS PAYABLE TO:

F. Laurens Brock
Adams and Reese, LLP
424 Church Street
Suite 2800
Nashville, TN 37219
Phone: (615) 259-1470

Elizabeth B. Coffey
United States Court Reporter
P. O. Box 1364
Chattanooga, TN 37401

Phone: (423) 267-7333
FAX (423) 752-5205

larry.brock@arlaw.com

☐ CRIMINAL ☒ CIVIL

DATE ORDERED: 10-20-2014

DATE DELIVERED: 10-21-2014

Case Style: 1:11-CV-333, KAREN GUTHRIE v GREGORY BALL, M.D.
FINAL PRETRIAL CONFERENCE - 10/14/14 - 136 PAGES

CATEGORY	ORIGINAL			1ST COPY			2ND COPY			TOTAL CHARGES
	PAGES	PRICE	SUBTOTAL	PAGES	PRICE	SUBTOTAL	PAGES	PRICE	SUBTOTAL	
Ordinary										
14-Day										
Expedited	136	4.85	659.60							659.60
Daily										
Hourly										
Realtime										
Misc. Desc.	MISC. CHARGES:									
TOTAL:									659.60	
LESS DISCOUNT FOR LATE DELIVERY:										
TAX (If Applicable):										
LESS AMOUNT OF DEPOSIT:										
TOTAL REFUND:										
TOTAL DUE:									\$659.60	

ADDITIONAL INFORMATION

Full price may be charged only if the transcript is delivered within the required time frame. For example, if an order for expedited transcript is not completed and delivered within seven (7) calendar days, payment would be at the ordinary delivery rate.

CERTIFICATION

I certify that the transcript fees charged and page format used comply with the requirements of this court and the Judicial Conference of the United States.

SIGNATURE:

s/ Elizabeth B. Coffey

DATE

10-21-2014

(All previous editions of this form are cancelled and should be destroyed)



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Donna Boyce
 Adams & Reese LLP
 6075 Poplar Avenue
 Suite 700
 Memphis, TN 38119

Invoice Date	Invoice #
Tuesday, September 23, 2014	98391swlh

Remit to:

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 Memphis, Tennessee 38103

(901) 523-8974 FAX (901) 523-8975
 (800) 556-8974

www.alphareporting.com

Tax Number 62-1162456 Terms: Payable upon receipt
 1.5% per month

Witness:	Deering, M.D., Thomas		
Case:	Guthrie, Karen, et al vs. Gregory Ball, M.D.		
Venue:	US District Court for the Eastern District of TN		
Case #:	1:11-CV-00333		
Date:	9/10/2014		
Start Time:	11:00 AM		
End Time:	: 0		
Claim #:			
File #:	30493LN		

Description	Each	Quan	Total
Transcript Copy/ Word Index	\$2.40	41	\$98.40
Condensed	\$20.00	1	\$20.00
Binding/Handling	\$15.00	1	\$15.00
Complimentary Repository	\$0.00	1	\$0.00
Sub Total			\$133.40
Payments			\$0.00
Balance Due			\$133.40

Method of Payment:

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Please make check payable to:

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Print Name (as it appears on your credit card)

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Credit Card #

Exp. Date

Daytime Telephone

Payment Due Upon Receipt of Invoice

019542-46

MICHAEL W. GOODMAN, M.D., P.C.
979 E. Third Street, Suite C-0630
Chattanooga, TN 37403
Tel: (423) 267-5677 • Fax: (423) 267-6179
Tax ID # 62-1553135

INVOICE☐ Michael W. Goodman, M.D.☒ Matthew E. Bagamery, M.D.Date: 1/28/13DOB: 9/12/1961

Patient Name: _____

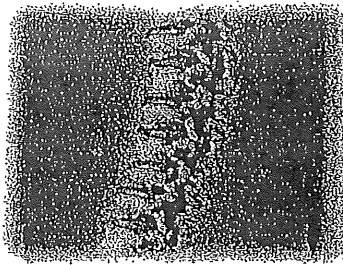
SSN: _____ Account #: 54775

☒ Copy of records to Adams & Reese LLP
First 5 pages: \$20.00 \$ 44.00
Additional pages: \$00.50 each = \$ 24.00
Per TCA 63-2-102 48 pages @

- ☐ Insurance form completion \$35.00 \$ _____
- ☐ Narrative Report \$350.00 \$ _____
- ☐ State of _____ Disability Form & records \$ _____
- ☐ Employer Disability Form (\$10.00 per page) \$ _____
- ☐ Other _____ \$ _____

Sub Total	\$ <u>44.00</u>
Postage	\$ <u>Faxed</u>
Total	\$ <u>44.00</u>

019542-46



CHATTANOOGA
pain surgery
CENTER

1016 Executive Drive

Hixson TN 37343

423-648-4525 office

423-648-4526 fax

FAX COVER

Date: 1-29-13

To: Adams-Reese Attn: Melanie Gons

Recipient Fax Number: 468-4466

From: CPSC-VICKIE

Re: Donald Guthrie

Number of Pages (Including cover): 13

Comments: ATTACHED ARE MEDICAL RECORDS PER YOUR
REQUEST ON THE ABOVE-MENTIONED PATIENT. THERE IS A \$20.00
FEE FOR ALL RECORDS. THANK YOU.

The information contained in this message is

highly sensitive and confidential and subject to the HIPAA privacy and security regulations. If you received this message in error,
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(770) 754 - 6000



019542-410

Invoice #: 0122038019
Date: 2/2/2013
Customer #: 1607408

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ERLANGER EAST FAMILY MEDICINE
1751 GUNBARREL RD
STE 201
CHATTANOOGA, TN 37421

Requested By: ADAMS AND REESE
Patient Name: GUTHRIE DONALD

DOB: 091261
SSN: *****8109

Description	Quantity	Unit Price	Amount
Basic Fee			20.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	35	0.50	17.50
Per Page Copy (Paper) 2	5	0.00	0.00
Shipping			2.32
Subtotal			39.82
Sales Tax			3.68
Invoice Total			43.50
Balance Due			43.50
Pay your invoice online at www.HealthPortPay.com			
Terms: Net 30 days		Please remit this amount : \$ 43.50 (USD)	

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Atlanta, Georgia 30384-9740
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(770) 754 - 6000

Invoice #: 0122038019

Check # _____

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Email questions to Collections@healthport.com.

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Invoice #: 0125057646
Date: 3/30/2013
Customer #: 1607408

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ERLANGER HEALTH PATIENT FINANC
975 EAST THIRD STREET
CHATTANOOGA, TN 37403

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONAL

SSN: *****8109
DOB: 091261

Description	Quantity	Unit Price	Amount
Basic Fee			12.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	7	0.00	0.00
Shipping			1.32
Subtotal			13.32
Sales Tax			1.23
Invoice Total			14.55
Balance Due			14.55

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 14.55 (USD)

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Invoice #: 0125057646

Check # _____

Payment Amount \$ _____

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019542-46

Invoice #: 0122242002
Date: 2/7/2013
Customer #: 1607408

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ERLANGER HEALTH SYSTEM
975 EAST THIRD STREET
CHATTANOOGA, TN 37403

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

DOB: 091261
SSN: *****8109

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	12	0.85	10.20
Per Page Copy (Paper) 2	5	0.00	0.00
Shipping			1.72
Subtotal			29.92
Sales Tax			2.77
Invoice Total			32.69
Balance Due			32.69
Pay your invoice online at www.HealthPortPay.com			
Terms: Net 30 days		Please remit this amount : \$ 32.69 (USD)	

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Invoice #: 0122242002

Check # _____

Payment Amount \$ _____

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Please include invoice number on check.

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Email questions to Collections@healthport.com.

019542-46

DR. DAVID RANKINE

Erlanger Professionals Plaza
.979 E. Third Street
Suite 1210
Chattanooga, Tennessee 37402

Telephone 423-778-4261

Fax 423-778-4262

To Whom It May Concern:

We have received a request for medical records for the following patient:

Donald Guthrie DOB 9/12/61
There is a \$20⁰⁰ charge for these services.

Dr. David Rankine

Tax ID: 621601801

Sent by D. Haley
Date 2/6/13

If you have any questions or have received these records in error, please destroy any and all copies and contact our office immediately at 423-778-4261.

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Atlanta, Georgia 30384-9740
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014542-00040
Invoice #: 0122539737
Date: 2/12/2013
Customer #: 1607408

Ship to:

F LAURENS BROCK
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

F LAURENS BROCK
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

MEMORIAL HEALTH CARE SYSTEM
2525 DE SALES AVENUE
CHATTANOOGA, TN 37404-1102

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

SSN: *****8109
DOB: 091261

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	43	0.85	36.55
Per Page Copy (Paper) 2	5	0.00	0.00
Shipping			2.72
Subtotal			57.27
Sales Tax			5.30
Invoice Total			62.57
Balance Due			62.57

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 62.57 (USD)

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(770) 754 - 6000

Invoice #: 0122539737

Check # _____

Payment Amount \$ _____

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Please include invoice number on check.
To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.
Email questions to Collections@healthport.com.

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Atlanta, Georgia 30384-9740
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(770) 754 - 6000



014542-000040

Invoice #: 0124945297
Date: 3/29/2013
Customer #: 1607408

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ERLANGER HEALTH SYSTEM
975 EAST THIRD STREET
CHATTANOOGA, TN 37403

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

SSN: *****8109
DOB: 091261

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	21	0.60	12.60
Per Page Copy (Paper) 2	45	0.85	38.25
Per Page Copy (Paper) 3	5	0.00	0.00
Shipping			3.32
Subtotal			72.17
Sales Tax			6.68
Invoice Total			78.85
Balance Due			78.85

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 78.85 (USD)

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Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0124945297

Check # _____

Payment Amount \$ _____

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To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

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Atlanta, Georgia 30384-9740
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Invoice #: 0122200693
Date: 2/6/2013
Customer #: 1607408

019542 - 46

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ERLANGER HEALTH PATIENT FINANC
975 EAST THIRD STREET
CHATTANOOGA, TN 37403

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

SSN: *****8109
DOB: 091261

Description	Quantity	Unit Price	Amount
Basic Fee			12.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	7	0.00	0.00
Shipping			1.32
Subtotal			13.32
Sales Tax			1.23
Invoice Total			14.55
Balance Due			14.55
Pay your invoice online at www.HealthPortPay.com			
Terms: Net 30 days		Please remit this amount : \$ 14.55 (USD)	

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P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0122200693

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

SOCIAL SECURITY INVOICE

4/9/2014

Social Security Administration
301 POINT NORTH PL
DALTON, GA 30720

Adams & Reese,LLP
424 Church St
Suite 2700
Nashville, TN 37219

Subject: Invoice for Services
Guthrie ,Donald - 8109

Please Pay This Amount: \$130.00

The Social Security Administration (SSA) charges a fee for providing information from our records to a third party when the request for information is not directly related to the administration of any program under the Social Security Act. SSA must be compensated for the work it does for others so that the Social Security Trust Funds do not bear the costs of such activities. SSA requires payment before providing the requested record.

The fee for processing your request is shown above. Please make your check or money order payable to "Social Security Administration." Mail it, along with the tear-off form below, to the SSA office shown above. For your records, SSA's Employer Identification Number (EIN) is 526004813. Thank you.

TEAR HERE AND MAIL THIS FORM WITH YOUR PAYMENT

Unit Code: JLH

To help us credit your record, please fill out this form and return it with your payment to the address shown above. Make your check or money order payable to "**Social Security Administration.**"

REQUESTER NAME: Adams & Reese,LLP
NAME: Guthrie ,Donald
ACCOUNT NUMBER: 8109
AMOUNT DUE: \$ **130.00**

ENTER AMOUNT ENCLOSED: \$

WALGREEN COMPANY
CORPORATE AND REGULATORY LAW
INVOICE FOR RECORD REQUEST SERVICES

019542-46

Billed to:

ADAMS & REESE
ATTN: MELANIE GOINS
820 BROAD ST SUITE 201
CHATTANOOGA

TN 37402-

Make Checks Payable to:

Walgreen Company
16797 Collections Center Dri
Chicago, Illinois 60693

Invoice Number: 1516249

Amount Due: \$55.00

Patient Name: DONALD GUTHRIE

PatientDOB: 09/12/1961

INVOICE

Re: DONALD GUTHRIE

Dear Sir/Madam

In accordance with your request, pharmacy records for the above referenced patient were forwarded after a complete search was conducted, pursuant to the statutory retention period for pharmacy records. An invoice for our services is attached.

Please remit payment, together with this invoice. If state statute designates a different reimbursement, please enclose a copy of the statute along with a check for that amount.

Sincerely,

Jodi Drews
Records Custodian

(217) 554-8590 (Phone)
FEIN 36-192-4025 (Tax ID)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



Invoice #: 0135343344
Date: 10/5/2013
Customer #: 1607408

Ship to:

JENNIFER JUNG
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

JENNIFER JUNG
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

ASSOCIATES IN ORTHOPAEDICS
1104 PROFESSIONAL BLVD
DALTON, GA 30720

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD S

DOB: 091261
SSN: *****8109

019542-46

Description	Quantity	Unit Price	Amount
Basic Fee			25.88
Retrieval Fee			0.00
Per Page Copy (Paper) 1	9	0.97	8.73
Shipping			1.52
Subtotal			36.13
Sales Tax			3.34
Certification Fee			9.70
Invoice Total			49.17
Balance Due			49.17

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 49.17 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0135343344

Check # _____

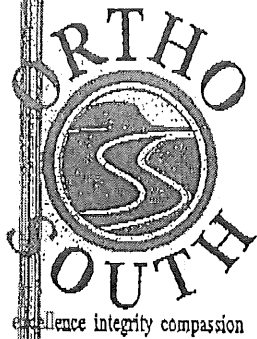
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

**RICHARD ALVAREZ, MD**

- PROFESSOR & CHAIR
- DEPARTMENT OF ORTHOPEDIC SURGERY
- EAST TENNESSEE STATE COLLEGE OF MEDICINE
- ORTHOPEDIC SURGERY
- FOOT & ANKLE
- BOARD CERTIFIED

CHANNAPPA CHANDRA, MD

- ASSOCIATE PROFESSOR & VICE-CHAIR
- DEPARTMENT OF ORTHOPEDIC SURGERY
- EAST TENNESSEE STATE COLLEGE OF MEDICINE
- ORTHOPEDIC SURGERY
- JOINT REPLACEMENT
- FRACTURE SURGERY
- BOARD CERTIFIED

JAN DORIZAS, MD

- CLINICAL INSTRUCTOR
- DEPARTMENT OF ORTHOPEDIC SURGERY
- EAST TENNESSEE STATE COLLEGE OF MEDICINE
- ORTHOPEDIC SURGERY
- KNEE & SHOULDER
- SPORTS MEDICINE
- ARTHROSCOPIC SURGERY
- BOARD CERTIFIED

MARK G. FREEMAN, MD

- ASSISTANT PROFESSOR
- DEPARTMENT OF ORTHOPEDIC SURGERY
- EAST TENNESSEE STATE COLLEGE OF MEDICINE
- ORTHOPEDIC SURGERY
- HIP, KNEE, & SHOULDER
- JOINT REPLACEMENT
- FRACTURE SURGERY
- BOARD CERTIFIED

ORTHO SOUTH, P.C.

A MERGER OF:

Orthopaedic Institute of Chattanooga • Southern Orthopaedic Foot & Ankle • WellSpring Sports

Date:

10/30/13

To:

Adams And Reese LLP

Ex:

468-4466

Re:

Donald S. Guthrie 019542-46

Acct #:

To Whom It May Concern:

Our office policy dictates the fees for medical records and reports must be paid in advance. The fee for the medical records request is

\$ \$26.50

The fee for workers compensation case is ten (\$10.00) dollars for the first twenty pages, then a twenty-five (\$0.25) cent charge for any additional pages after the twentieth page. For commercial insurance and others, the fee is twenty (\$20.00) dollars for the first five pages of medical records, then fifty (\$0.50) cents per each page after the fifth.

Upon receipt of your payment, we will be happy to forward the requested patient records.

Your cooperation is appreciated.

Sincerely,

Medical Records

Ortho South

TIN: 75-3003576



Humana Inc
P.O. Box 78815
Milwaukee, WI 53278-0815

Invoice

Invoice No: 663045282508-1
Invoice Date: 2014-05-27

Make all checks/money orders payable to Humana
(Please forward remit payment to the attention of Misty Shelton - Critical Inquiry
Department)

To:

Adams and Reese, LLP
424 Church St., Ste. 2700
Nashville, TN - 37219

Analyst	Payment Terms of Invoice	Case Name
Misty Shelton	30 Days	Donald Guthrie

Quantity	Description	Unit Price	Amount
36	Member Information	0.30	\$10.80
Total Due			\$10.80

Please send remittance copy and personal check or money order to the above address
If you have any questions concerning this invoice call Misty Shelton @ 0000000000

THANK YOU FOR YOUR BUSINESS!

Federal ID# : 611013183

CUSTOMER COPY

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



Invoice #: 0156905398
Date: 10/23/2014
Customer #: 1684356

Ship to:

ADAMS AND REESE LLP
ADAMS AND REESE LLP
424 CHURCH ST
STE 2700
NASHVILLE, TN 37219-2380

Bill to:

ADAMS AND REESE LLP
ADAMS AND REESE LLP
424 CHURCH ST
STE 2700
NASHVILLE, TN 37219-2380

Records from:

ERLANGER HEALTH SYSTEM
975 EAST THIRD STREET
CHATTANOOGA, TN 37403-

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

DOB: 091261

RECEIVED OCT 27 2014

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	1	0.00	0.00
Shipping			2.03
Subtotal			20.03
Sales Tax			1.85
Invoice Total			21.88
Balance Due			21.88

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 21.88 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0156905398

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



019542-000046

Invoice #: 0125154291
Date: 4/2/2013
Customer #: 1607408

Ship to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Bill to:

MELANIE GOINS
ADAMS AND REESE LLP
820 BROAD STREET STE 201
CHATTANOOGA, TN 37402

Records from:

HAMILTON MEDICAL CENTER
1200 MEMORIAL DRIVE
DALTON, GA 30721

Requested By: ADAMS AND REESE LLP
Patient Name: GUTHRIE DONALD

DOB: 091261
SSN: *****8109

Description	Quantity	Unit Price	Amount
Basic Fee			25.88
Retrieval Fee			0.00
Per Page Copy (Paper) 1	718	0.66	473.88
Per Page Copy (Paper) 2	80	0.83	66.40
Per Page Copy (Paper) 3	20	0.97	19.40
Shipping			11.73
Subtotal			597.29
Sales Tax			55.25
Invoice Total			652.54
Balance Due			652.54

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 652.54 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0125154291

Check # _____
Payment Amount \$ _____

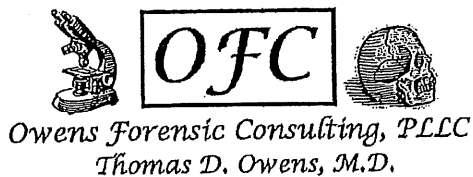
Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

09542-46



INVOICE
for Deposition

Name of decedent: Donald Guthrie
Case/autopsy number: 1:11-CV-00333
Dates of service: 5/14/14
Date of invoice: 5/19/14

Pursuant to our prior communications, I hereby submit this Invoice for my time involved in this case as per your request/subpoena. As previously indicated, my rate is \$450/hour rounded to the next quarter hour.

Activity	Hours	Amount due
Deposition in the case of Donald Guthrie (with attorney Donna Boyce)	6	\$2700.00

Note: IRS form W-9 should accompany this Invoice.

Please remit payment upon receipt of this invoice payable to:

Owens Forensic Consulting, PLLC
9231 Sanger Court
Harrisburg, NC 28075

Thank you,

Thomas D. Owens, M.D.
Forensic Pathologist
owens4n6@gmail.com
980-253-5336 (cell)

019542-44

INVOICE

2-Jul-14

TO:

Law Offices of Heygood, Orr, and Pearson
2331 West Northwest Highway, 2nd Floor
Dallas, Texas, 75220

FROM:

Christopher T. Grubb, MD, PA
TAX ID: 27-0694585
315 KENILWORTH ROAD
GREENVILLE, NC 27858

RE: Guthrie v. Gregory Ball, M.D.

Fees associated with the deposition of Christopher Grubb, M.D.:

	Date	Time	Fees
Appear for deposition	6/9/2014	6 hours	\$3,000
	Total:		\$3,000

Thomas Hart, M.D.
Interventional Pain and Spine Specialist

Charges for expert consultation case review and live trial testimony of Guthrie v. Ball
Charges through August 17, 2014 have been paid

Meeting with Donna Boyce and Lee Maddox	1.5 hours
Meeting with Lee Maddox	1.0 hours

Total 2.5 hours @ \$600.00/hr	\$1500.00
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Review, correction and notarization of deposition	4.0 hours
Final review of deposition before trial	3.0 hours

Total 7.0 hours @ \$400.00/hr	\$2800.00
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Final review of depositions of other parties:	8.0 hours
Karen Guthrie	
Dr. Ball	
Dr. Grubbs	
Dr. Owens	
Dr. Johnson	

Total 8.0 hours @ \$400.00/hr	\$3200.00
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Final review of office notes, hospital rounds of Dr. Ball, Dr. Dorizos/Dr. Ballard, surgery procedures, Fentanyl inserts	6.0 hours
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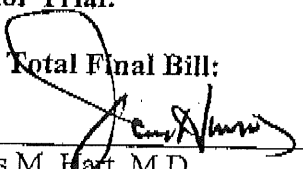
Total 6.0 hours @ \$400.00/hr	\$2400.00
--------------------------------------	------------------

Court Appearance Fees

Total Travel time roundtrip: 6 hours @ \$150.00/hr	\$900.00
No travel expenses for reimbursement	
Thursday Trial Date:	\$6500.00
Friday Trial Date:	\$3000.00
Less than 14 day notice of trial change date	\$1000.00

Total for Trial:	\$11400.00
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Grand Total Final Bill:	\$21300.00
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Thomas M. Hart, M.D.

Forensic Medical
850 R.S. Gass Boulevard
Nashville, TN 37216-2640

Phone No. 615-743-1800

INVOICE

Invoice Number: 10677

Invoice Date: 11/06/14

Page: 1

Bill

To: Attn: Ms. Donna Boyce
Adams & Reese, LLP
Crescent Center
6075 Poplar Ave. Ste. 700
Memphis, TN 38119

Customer ID ADAMS
Service Date 11/12/14
Due Date 11/06/14
Terms

Item/Description	Unit	Quantity	Unit Price	Total Price
2nd Deposition	Hours	1	500.00	500.00
Consultation- Requested review of depositions and case file	Hours	6	500.00	3,000.00
Phone Calls	Hours	2.5	500.00	1,250.00
Testimony Log Prep	Hours	2	500.00	1,000.00
Testimony 10/31/2014 Guthrie v. Ball etal By Dr. Thomas Deering Through 10/31/2014	Hours	3	500.00	1,500.00

Amount Subject to Sales Tax 0.00
Amount Exempt from Sales Tax 7,250.00

Subtotal: 7,250.00
Invoice Discount: 0.00
Tax: 0.00
Total: 7,250.00

CHECK DATE

05/12/14

Regions Cost/Account
REGIONS BANK
New Orleans, LA

ADAMS AND REESE LLP

ALABAMA • FLORIDA • LOUISIANA • MISSISSIPPI
TENNESSEE • TEXAS • WASHINGTON, D.C.

4500 One Shell Square, New Orleans, LA 70139

Phone (504) 581.3234

CHECK NO. 178426

84-362/654

REGIONS COST ACCOUNT

CHECK AMOUNT

\$*****83.68

PAY: EIGHTY-THREE AND 68/100 DOLLARS

TO THE
ORDER OF

Dustin Edwards
2242 Bowers Rd NE
Dalton, GA 30721

Not to Exceed \$5,000.00

VOID AFTER 180 DAYS

SECURE FEATURES INCLUDE INVISIBLE FIBERS, MICROPRINTING, VOID FEATURE PANTOGRAPH, ENDORSEMENT BACKER, BROWN STAIN CHEMICAL REAGENT

⑈ 178426 ⑈ ⑆051403626⑆ 41 0516 3943 ⑈

ADAMS AND REESE LLP
VENDOR DUSEDWAR

CHECK NO: 178426

Regions Cost Account

05/12/14

Dustin Edwards

AMOUNT

VCHR INV. DATE
691163 05/09/14

INV. NO.
05/09/14

DESCRIPTION

G/L NO.

15099000000904

83.68



POINT MULTIMEDIA

501 ELM ST.
SUITE 350
DALLAS, TEXAS 75202
214.247.2000
admin@pointmultimedia.com

Invoice

Date	Invoice No.
11/10/2014	817-111014
Terms	Due Date
Due on receipt	11/10/2014

Bill To

Mr. Charles Miller
Heygood, Orr & Pearson
2331 West Northwest Highway
2nd Floor
Dallas, TX 75220

Amount Due	Enclosed
\$8,605.88	

Please detach top portion and return with your payment.

Hours/Qty.	Description	Rate	Amount
	<ul style="list-style-type: none"> Guthrie v. Ball Deposition Editing OCTOBER 2014 		
6	<ul style="list-style-type: none"> Hours 10/21/14 9:30 a.m.-3:30 p.m. Mr. Greg Glass prepared deposition files for editing; created edit load files for Johnson 1, Johnson 2, Metcalfe 1, and Metcalfe 2; edited Metcalfe 1 and Metcalfe 2; created clip reports and forwarded to Ms. Jenelle Wilson. 	200.00	1,200.00T
5	<ul style="list-style-type: none"> Hours 10/24/14 1:00 p.m.-6:00 p.m. Mr. Greg Glass edited depositions. 	200.00	1,000.00T
3	<ul style="list-style-type: none"> Hours 10/24/14 1:30 p.m.-4:30 p.m. Mr. Dustin Wright reviewed edited Metcalfe deposition to note pauses and ensure accuracy. 	200.00	600.00T
11	<ul style="list-style-type: none"> Hours 10/25/14 9:00 a.m.-1:30 p.m.; 3:00 p.m.-6:00 p.m.; 6:45 p.m.-10:15 p.m. Mr. Greg Glass created new MPEG-1 files for Metcalfe 2 to prevent playback errors; edited Johnson and Metcalfe depositions; edited Johnson; created Johnson 2 MPEG reference file and clip report; uploaded to Ms. Jenelle Wilson. 	200.00	2,200.00T
4.5	<ul style="list-style-type: none"> Hours 10/25/14 1:00 p.m.-5:30 p.m. Mr. Dustin Wright reviewed edited depositions of Johnson 2, Metcalfe 2, and Johnson 1 to note pauses and ensure accuracy. 	200.00	900.00T
7	<ul style="list-style-type: none"> Hours 10/26/14 9:00 a.m.-1:00 p.m.; 8:15 p.m.-11:15 p.m. Mr. Greg Glass revised Johnson 1; created MPEG reference file and clip report; uploaded to Ms. Jenelle Wilson. 	200.00	1,400.00T
3.25	<ul style="list-style-type: none"> Hours 10/29/14 1:30 p.m.-4:45 p.m. Mr. Greg Glass edited Metcalfe 1 and Metcalfe 2; created master DVD Videos for Johnson 1, Johnson 2, Metcalfe 1, and Metcalfe 2; made two copies of each; labeled DVDs and arranged for FedEx delivery to trial site. 	200.00	650.00T

Thank you for your business.
Our Federal Tax ID number is 32-0018623.

SubTotal	\$7,950.00
Tax (8.25%)	\$655.88
Total	\$8,605.88

1/2 =
\$4,302.94